

GUIDELINES FOR EVALUATION OF HOME ISOLATION FOR SARS-CoV CASES

(This page for use by Public Health Staff)

Table 1. Prioritization levels and guidelines for home isolation assessment and case monitoring

Level (1= Highest)	Case Classification	Individual completing assessment and plan	Method of assessment / IC demonstration	Type and frequency of monitoring
1	<ul style="list-style-type: none"> Confirmed Probable RUI-3 RUI-4 PRUI-4¹ RUI-1 at high suspicion for SARS 	PHSKC or trained hospital personnel	In person; on-site assessment of home desirable	Daily active monitoring with home visits as necessary; decided on a case-by-case basis and as resources permit
2	<ul style="list-style-type: none"> RUI-2 PRUI-2² 	PHSKC or patient	In person or by telephone	

It is recommended that assessment of home isolation measures be done in person at home if resources permit. The decision to conduct an assessment at in person or by telephone, on-site (i.e., at the patient's home) or not, however, depends upon other factors, including the reliability of the patient and/or caregiver, adequacy of communication, and level of comprehension and should be made on a case-by-case basis.

Patients in level 1 and 2 (all SARS case-patients except those classified as RUI-1 not at high suspicion for SARS) should receive a voluntary isolation letter and SARS patient isolation information packet. Infection control measures should be reviewed with the patient before discharge from the health care facility. Assure the patient has or is promptly delivered necessary supplies for home isolation including symptom log, thermometers, masks, gloves, antiseptic hand gel, etc.

¹Similar to RUI-4 but clinical criteria of less than 2 early symptoms in a patient meeting epidemiological criteria for likely exposure to SARS-CoV

²Similar to RUI-2 but clinical criteria of fever OR respiratory tract symptoms in a patient meeting epidemiological criteria for possible exposure to SARS-CoV

HOME ISOLATION ASSESSMENT TOOL FOR INDIVIDUALS WITH SARS-CoV OR CLASSIFIED AS SARS REPORT UNDER INVESTIGATION (RUI)

Person conducting assessment		Date of assessment
Patient name	DOB	Case ID#
Home address	E-mail	
Phone: home	Cell	Other
Case classification	Language	Interpreter needed? <input type="checkbox"/>

SECTION A. MINIMUM REQUIREMENTS FOR HOME ISOLATION

	Y	N
1. Is the patient able to understand and adhere to the following infection control precautions?		
a. Handwashing	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of surgical or procedure masks and gloves	<input type="checkbox"/>	<input type="checkbox"/>
c. Method to take temperature and read thermometer	<input type="checkbox"/>	<input type="checkbox"/>
d. Proper handling of soiled laundry and contaminated waste	<input type="checkbox"/>	<input type="checkbox"/>
e. Proper laundering of clothes, and cleaning of environment, dishes, thermometer	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient's home have the following features?		
a. Telephone	<input type="checkbox"/>	<input type="checkbox"/>
b. Electricity	<input type="checkbox"/>	<input type="checkbox"/>
c. Potable water (including hot water)	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>
e. Separate bedroom for use by SARS patient only	<input type="checkbox"/>	<input type="checkbox"/>
f. If in a multiple family dwelling, separate air-handling system	<input type="checkbox"/>	<input type="checkbox"/>
g. Accessible bathroom with sink and commode	<input type="checkbox"/>	<input type="checkbox"/>
h. Waste and sewage disposal (septic tank, community sewage line)	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient have a means for washing clothes (i.e., washer in home or another individual available to take laundry to an outside facility)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a person (inside or outside the home) or service that will supply the patient with needed supplies and services such as grocery delivery, banking, medications and other personal supplies? Name of person or service	<input type="checkbox"/>	<input type="checkbox"/>
5a. Does the patient have household members who are unable to independently care for themselves (e.g., children, disabled)?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, is there someone, other than the patient, who is available to provide care for those individuals?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the patient require a caregiver while in home isolation?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the available caregiver someone who IS NOT at high risk for complications from SARS (e.g., chronic heart or lung conditions, diabetes mellitus (DM), immunosuppressed).	<input type="checkbox"/>	<input type="checkbox"/>
b. Caregiver contact information		
Phone: Home Cell Pager E-mail		

SECTION B. OTHER NEEDS TO CONSIDER (evaluate and respond to these factors on a case-by-case basis)

	Y	N
1. Does the patient have a 2-day supply of the following items?		
a. Dishwashing soap	<input type="checkbox"/>	<input type="checkbox"/>
b. Plastic garbage bags	<input type="checkbox"/>	<input type="checkbox"/>
c. Laundry soap	<input type="checkbox"/>	<input type="checkbox"/>
d. Household disinfectants for cleaning	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the patient have access to mental health support and social resources?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the patient have social diversions (e.g., television, radio, reading materials) to occupy them while isolated at home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have the caregiver and other household members been given the CDC document, "Information for SARS Patients and Their Close Contacts," and has this information been reviewed with these individuals?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: HOUSEHOLD CONTACTS

The number of household members remaining in the home during isolation should be limited to those needed for support of the SARS patient whenever possible. If household members cannot be relocated, the suitability of the home environment for isolating the SARS patient depends on several factors, and should be made on a case-by-case basis. Those persons remaining in the home should limit contact with the SARS patient and be able to follow the infection control precautions described in the CDC document, "Information for SARS Patients and Their Close Contacts." Persons with compromised immune systems and persons who require/cannot avoid close contact with the SARS patient (e.g., children for whom the patient is primary caregiver) are at higher risk for acquiring SARS. Persons with diabetes mellitus or chronic heart or lung conditions are at higher risk for complications if they develop SARS.

Name / relationship	Age (yrs)	Will contact remain in same home as patient?	Is contact immuno-suppressed, have DM, heart, or lung condition?	Special needs/comments
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION D: FINAL STEPS

1. PHSKC Patient Discharge Packet
2. Home Infection Control Starter Kit (7 day supply of thermometers, gloves, masks, alcohol-based hand gel, soap for handwashing, facial tissues)
3. Has discharge been discussed with Public Health (206-296-4774)?
Name of person at Public Health:
4. Voluntary isolation letter and attachments

Check when provided/done

☐
☐
☐
☐

Comments:

This section below to be completed only by PHSKC

SECTION F. PHSKC ASSESSMENT AND RECOMMENDATION AND FOLLOW UP MONITORING PLANS

☐ Home isolation

Name and relationship of caregiver _____ ☐ Not applicable
Phone: Home Cell Pager E-mail

☐ Isolation in an alternate facility
Reasons not recommending home isolation

Name of facility _____ Phone number _____

Disposition: ☐ Patient agrees to adhere to isolation recommendation ☐ Patient refuses to adhere to isolation recommendation

If home isolation, recommend separation of following household contacts:

<u>Name</u>	<u>Reason:</u>
a.	
b.	
c.	
d.	

Date of next follow-up assessment _____

Notes: